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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/08)								Application Number <div style="font-size: 1.2em; font-family: cursive;">10/505,257</div>		Filing Date	
								Applicant(s)			
* May be used for additional claims or amendments											
CLAIMS	<del>AS FILED</del> 8-19-04		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
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Claims	20						Claims				

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